

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002709

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 209Primary Registration District No. 3043Registrar's No. 26

FILED JAN 26 1962

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Hannibal

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Levering Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Ralls

c. CITY
OR TOWN

New London

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

R F D # 1

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LEWIS

EARL

KLISE

4. DATE
OF DEATH

Month

Day

Year

January 17, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 25, 1892

69

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

2

22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Near, Center Missouri

U S A

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Joseph Klise

13b. MOTHER'S MAIDEN NAME

Lora Davis

Della Reighley Klise

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Lewis Earl Klise New London Mo

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

not known

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypotension, post operatively

DUE TO (c)

operative Metallic fistula fracture

INTERVAL BETWEEN
ONSET AND DEATH

10 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Fractured hip (intertrochanteric of femur), etc.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fell on ice on sidewalk

20c. TIME OF
INJURY

Hour

a.m.

p.m.

1 - 7 - 62

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

back of home

20f. CITY, TOWN, OR LOCATION

New London

COUNTY

Ralls

STATE

Mo.

21. I attended the deceased from

12-14-62 to 1-17-62

and last saw her alive on 1-17-62

Death occurred at 8:17 P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Philly B. Foreman M.D.

22b. ADDRESS

711 S. 1st St Hannibal

22c. DATE SIGNED

1-17-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jan. 20, 1962

23c. NAME OF CEMETERY OR CREMATORY

Olivet Cemetery

23d. LOCATION (City, town, or county)

Center Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

W. Crawford Smith Hannibal Missouri

25. DATE RECD. BY LOCAL REG.

Jan. 20-1962

26. REGISTRAR'S SIGNATURE

Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.